Date	MEDICATION — DOSAGE AND FREQUENCY			Route/Site of Entry	On Hand	New Amount	Physician Signature
Date	PATIENT ABLE TO HANDLE OWN MEDICATIONS? □ Yes □ No	☐ Family ☐ Conser ☐ Care Pr		Physician Signature			
Site	PO — per orem	RA — rig		RI			per outer quadrant
Code	IM – intramuscular	LA – lef					er outer quadrant
	NUTRATICAL RACDICATION DECA						

OUTPATIENT MEDICATION RECORD

County of San Bernardino DEPARTMENT OF BEHAVIORAL HEALTH

Confidential Patient Information See W&I Code 5328 NAME:

CHART NO.:

DOB:

PROGRAM: